Postgraduate Medical Education

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THERE IS SUBSTANTIAL recognition by physicians generally as to the necessity for continuing education in medicine. This recognition has been expressed by the Board of Trustees of the American Medical Association in the recent formation of a committee for the specific purpose of studying the problem in depth. In California the need has been stated by Watts[1] in a series of articles entitled "Medicine in Society" and by Manning[2] in "Evaluating Postgraduate Courses." This necessity is further expressed by the increased emphasis on continuing education by medical schools, medical societies, and by the various specialty groups.

Millis[3] in his foreword to "The Graduate Education of Physicians" states the problem very clearly:

> For any learned profession there are but two alternatives for establishing standards of practice and education. Responsibility can be assumed by a society as a whole, operating through government, or can be assumed by the organized profession through a voluntarily accepted self-discipline. There are no other alternatives, for, if the profession does not take responsibility, society will surely demand that the vacuum be filled and the government assume the responsibility. It is the conviction of the Commission that the profession of medicine should assume the responsibility for its standards of education and should have a mechanism adequate to the full discharge of these responsibilities.

A more direct approach is the following clipping from *Medical World News,* 20 January 1967:

> "It makes no sense to audit hospitals and not doctors," says Dr. George James, Dean of Mount Sinai School of Medicine in New York City. Hospitals must meet high standards to qualify for reimbursement of federally supported services, notes Dr. James, former New York City Health Commissioner. Yet most health care takes place away from the hospital bed. For this reason, he advocates the "auditing" of doctors also, to make sure that they are giving high-quality medical care to patients whose medical expenses are covered by Title 19 (Medicaid).

Yet with the recognition of the necessity for continuing education there is as yet no practical mechanism by which many physicians in very busy solo practice can voluntarily avail themselves of such education except in a hit or miss fashion.

A method to solve this problem has been suggested by Berman that is certainly worthy of serious consideration.[4] He proposes a period of hospital training at regular intervals with arrangements for *locum tenens* and adequate financial coverage.

This is not a problem that the medical profession can long delay solving. There is considerable evidence that the public is increasingly interested and concerned. In fact, the medical profession may be too late in this solution in view of recent statements by President Johnson asking for more practical results from research, as it was in providing a solution to the problem of medical care costs. There is no time to be aloofly philosophical. That much is certain.

The question in respect to continuing education is not *if* but *how*. That this is unanswered is demonstrated by the number of agencies involved in attempting to provide for the need. There are postgraduate programs or programs with the same intent put on at all levels of educational competence, and yet it is apparent to many educators, despite attendance statistics, that relatively few physicians are reached in an effective way. Manning[2] estimated that only 30 per cent of physicians in California participate in continuing education. And, as is said by churchmen with similar but different interests, Most of those who most need to be in church are on the golf links.

It appears clear to me that several things have happened to medicine as a whole that to a large degree have resulted from the burgeoning of tech-

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nical and scientific advances of the past decade. The first is that because of improvement in communications of all types the public has become aware that there is a discrepancy between what medicine is reputed to promise, as expounded by some of its vocal "spokesmen," and what in fact it delivers, as is observed in cold reality. In the words of the Millis Report[3]: "The informed public also knows, however, that a wide gap exists between the best that medicine can offer and the lesser services actually available to many patients. Medical practice has changed greatly. Yet the judgment is widely expressed, in and out of medicine, that the changes have not been profound enough to keep pace with the growth of medical knowledge and the rise in society's expectations and demands. The current problems of medicine are in large measure problems created by its own success." I believe that this awareness is expressed by the ever increasing notice given to medical matters in the public press (*Life, Time, News Week, Wall Street Journal, Ladies Home Journal, McCall's, Readers' Digest, New Yorker,* etc.). It appears to me that the public is beginning to call for a sociological accounting by medicine. It is doing this in one way that is not widely appreciated, but is really frightening, and that is by the ever increasing allegations of negligence against physicians. "Society cannot and will not indefinitely tolerate subordination of the public weal to professional conflict or aggrandizement—whatever the profession, medicine, law, or any other. A profession is primarily for public service, not personal profitability."[5]

It appears that not only does the scientific and clinical knowledge of physicians need to be kept up to date, but that they acquire social consciousness and a real sense of responsibility to society as a whole. This latter is an area that many physicians have ignored. The public is beginning to look at medicine as a body politic with vested interest. The problems that medicine faces are discussed by Magraw[6] and Galdston[7] in a series of pointed observations on the relationship between the public and medicine. One of the most complete analyses of the present turmoil between medicine and the government is in a series of four articles by Richard Harris in the *New Yorker*[8] in which he reviews the social movement in medicine, not only internationally, but in the United States, in detail:

Dealing with the problem of science in its broadest sense, René Dubois[9] has made a most comprehensive indictment. This indictment medicine as part of science must answer and answer realistically:

> Now it can be said that it is possible to achieve almost anything we want—so great is the effectiveness of technology based upon the experimental method. Thus, the main issue for scientists and for society as a whole is now to decide *what* to do among all the things that could be done and should be done. Unless scientists are willing to give hard thought—indeed, their hearts—to this latter aspect of their social responsibilities they may find themselves someday in the position of the Sorcerer's Apprentice, unable to control the forces they have unleashed. And they may have to confess, like Captain Ahab in Moby Dick, that their methods are sane, their goal mad.

As medicine has become more scientific it certainly appears to have become less humane and more concerned with the exception than with the usual. While the American public appears to respond in a generous way to the problems of the exceptional, it responds in a violent way to personal ones; and as science tends to make the exceptional common and more personal, the public is likely to revolt. Comments are beginning to appear in the lay press more frequently on "what to do for grandma." Society is beginning to recognize, even if medicine doesn't, that while the increase in survival is desirable in principle it poses other problems which medicine has not helped to solve—rather to create.

There is no question in my mind that the brightness of the image of medicine as a whole has been tarnished or, let us say, that things being as they are in this world, the public is taking a very cold and calculating look at medicine. I believe that thus far the image of the individual physician has not been more than mildly scratched, but I am convinced that the individual physician is on trial and that the outcome of this trial is related to the continuing postgraduate education of the physician and to a very real reappraisal by physicians of their position in society and their responsibilities to it.

One of the questions that must be answered in respect to continuing medical education is: Should there be control on the numbers and sources of such effort? Superficially, it might be thought that the more the number of educational exposures or potential exposures the better. This may be true to some extent, but I believe there is a practical limit beyond which there tends to be confusion

and competition for audiences. It may be that the practical limit already has been passed.

Today, besides the educational efforts of medical schools, some form of continuing education is afforded by: (1) Hospital staffs; (2) specialty associations; (3) local medical societies; (4) state or regional medical societies; (5) national medical societies (these societies may be special or general); and (6) international medical societies (special and general). Most of these sources have some form of journal or periodical in addition to movies, meetings, seminars, discussion groups and, lately, television programs.

The physician is bombarded through the mail by all types of prospectuses outlining the efforts of the various interested groups, all of whom have, at least superficially, the interest of the physician and his patients at heart. There are from time to time, unfortunately, programs that appear to have social or pecuniary gain as their purpose. Because of its very volume, much of this material is discarded unread.

There is a confusion of tongues in these multitudinous offerings, and I believe that if continued education of the physician is to take place in an orderly and useful way, some control must be put on the type and numbers of programs offered.

It would appear to me that the problem of continuing medical education indicates two very distinct concepts. The body of medicine which is close to public need and welfare as represented by the American Medical Association and its component societies, seems to be in a logical position to indicate what is required in a broad sense.

The medical school* with its educational talent and facilities should respond to the need by providing the subject matter and presentation to satisfy that need.

There is certainly no need for competition between "town and gown," for there is more to do than either element alone or both combined can accomplish in anywhere near a satisfactory manner. And certainly together they can do better than any other agencies.

*Medical school is used as a source rather than university because a significant number of medical schools are not university-connected and most are physically removed from university campuses, although technically part of the university.[10]

It is questionable today whether the hospital staffs and medical societies can occupy the same immediate position in respect to education that they did even a decade ago. There are very few if any cities today that do not have a medical school within a few miles or hours. The nearest school may not be in the same state, but at this level of educational effort this should constitute no barrier—as indeed it does not.

This by no means suggests that hospital staffs and medical societies should not participate in educational efforts, but it does suggest that the participation not be to the extent and depth that they are educational institutions in their own right as some are attempting to be today to the perhaps unintentional exclusion of organizations that are expert in education. There is no suggestion that this format would involve very highly specialized groups except to the extent that they might be helped in content and presentation.

That this idea is not unique is evidenced by the now rapid growth of departments of "Continuing Medical Education" or "Medical Extension" in medical schools and their being utilized by at least a few state medical societies and other groups for both numbers and content of programs. In this area California is most fortunate.

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